MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046172 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11512

FILED DEC - 2 1963

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	04716		12
3			
4	0		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	52-0		
13			

52

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Iron
c. CITY OR TOWN: Ironton
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: CARL Middle: ROBERT WALTON Last: SR.

4. DATE OF DEATH: Month: November Day: 20 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-8-1893

9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive

10b. KIND OF BUSINESS OR INDUSTRY: Hayward Granite Co.

11. BIRTHPLACE (City and state or country): Gronite Quarry N.C. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Lewis M.Walton

13b. MOTHER'S MAIDEN NAME: Mary Mauldin

14. NAME OF HUSBAND OR WIFE: Mary J.Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: no

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mary J.Walton Ironton,Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary edema	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary infarction	2 weeks
DUE TO (c)	465X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/13/57 to 11/20/63 and last saw him alive on 11/20/63

Death occurred at 4:25 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. Vermillion, M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 11/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-23-63

23c. NAME OF CEMETERY OR CREMATORY: Chestnut Hill Cemetery

23d. LOCATION (City, town, or county) (State): Salisbury N.C.

24. FUNERAL DIRECTOR ADDRESS: Pfitzinger Mort. Kirkwood,Mo.

25. DATE RECD. BY LOCAL REG.: NOV 21 1963

26. REGISTRAR'S SIGNATURE: Roof Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lewis A. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.